

CLAIMS ONLY

Application Number:

Filing Date

Applicant(s)

* May be used for additional claims or amendments

| CLAIMS | AS FILED 1/23/06 | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|------------------|---------------------|--------------|--------------------------|--------|---------------------------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | 1 | | | | | |
| 2 | | 1 | | | | |
| 3 | 1 | | | | | |
| 4 | 1 | | | | | |
| 5 | 1 | 1 | | | | |
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| Total Indep | 10 | | | | | |
| Total Depend. | 8 | | | | | |
| Total Claims | 18 | | | | | |

| * amendments | | | * amendments | | * amendments | |
|--------------|-------|--------|--------------|--------|--------------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend |
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| Claims | | | | | | |